Disposition of Unspent Contributions

Reporting Form for Candidates (NRS 294A.180)

State of Nevada

BEFORE COMPLETING THIS FORM, PLEASE READ THE REQUIREMENTS ON PAGE TWO

(This page may be copied or duplicated if additional space is needed, but all pages must be attached when the report is filed.)

NOTE: Any person who willfully violates the filing requirements is subject to a civil penalty of not more than \$5,000 for each violation and payment of court costs and attorney's fees!

Mary J. Kincaid	County Commissioner	В
Name (print)	Office Held	District
DATE OF THIS REPORT:	■ 15th day of the second month after his election if contributions remain	☐ 15th day of the second month after his defeat if contributions remain
BEGINNING BALANCE OF U		
CONTRIBUTION	NS AS OF JANUARY 1, 2000: \$	00
	EXPLANATION OF DISPOSITION)N
(This report should reflect any	remaining campaign contributions fro	
AMOUNT:	DISPOSITION:	
\$		
s		ACTION AND ADDRESS OF THE ACTION ADDRESS OF THE ACTION AND ADDRESS OF THE ACTION AND ADDRESS OF
\$		
s		
\$		
\$		
s		
REMAINING BALANCE OF UNS	SPENT CAMPAIGN CONTRIBUTIONS	S: \$ 00
I do hereby swear (or affirm) unde	er penalty of perjury that the assertions of	contained in this report are true
this 16th day of		
Mary C. Kim	//	<u></u>
Signature of Public Officer	Office Use Only	y me
V V Mary J. Kincaid		
Name of Public Officer		IIII 3
1425 Webb		
Street Address		30 PH 10
Mailing Address if Different		
N. Las Vegas, NV 8903	30	
	Code	
455-3504 Daytime Telephone Number		
Total number of pages for this report	<u>* / _</u>	